

P04000052280

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

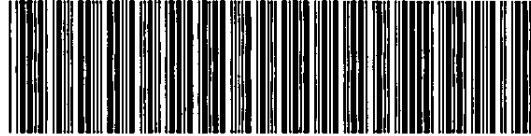
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800279394228

RA address  
change

01/25/16--01037--011 \*\*70.00

FILED  
16 JAN 25 PM 1:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
16 JAN 29 PM 12:14  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FEB 03 2016  
A RAMSEY

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: LEISURE TIME COINS, INC  
Name of Corporation

DOCUMENT NUMBER: P04000052280

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

BETH CHARBONNEAU  
Name of Contact Person

LEISURE TIME COINS, INC  
Firm/Company

6586 HYPOLEX RD, SUITE 345  
Address

LAKE WORTH, FL 33467  
City/State and Zip Code

bethcharbonneau@bellsouth.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BETH CHARBONNEAU at ( 561 ) 278-7700 (0) OR  
Name of Contact Person Area Code & Daytime Telephone Number  
561-389-2097 (c)

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: LEISURE TIME COINS INC
2. The principal office address: 720 MUIRFIELD CIRCLE  
ATLANTIS, FL 33462
3. The mailing address (if different): 6586 HYPOLEX RD SUITE 345  
LAKE WORTH FL 33467
4. Date of incorporation/qualification: 3/2004 Document number: P04000052280
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

BETH CHARBONNEAU  
2275 S. FEDERAL HWY SUITE 340  
DELRAY BEACH FL 33483

FILED  
16 JAN 25 PM 1:49  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

BETH CHARBONNEAU  
720 MUIRFIELD CIRCLE  
P.O. Box NOT acceptable  
ATLANTIS, FL 33462

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Beth Charbonneau BETH CHARBONNEAU VP  
Signature of an officer or director Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Beth Charbonneau 1-15-16  
Signature of Registered Agent Date

If signing on behalf of an entity:

BETH CHARBONNEAU  
Typed or Printed Name

\* \* \* FILING FEE: \$35.00 \* \* \*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314